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MEMBRANOUS CROUP—TRACHEOTOMY—RECOVERY.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY GEO. H. GAY, M.D., BOSTON.

Membrane on the tongue, and in both lungs; albumen in the urine.

—N. Taylor, æt. 5 years, 8 months, had a slight croup-sounding cough, on November 3d and 4th, for which he took some domestic remedy, with some apparent relief. On Saturday, the 5th, he came home from his play about 4, P.M., and at that time could not speak a loud word. He took some onion syrup, and had hot onions applied to his neck. The croup-sounding cough continued during the night. The next day, Sunday, he seemed easier and was disposed to play some, though he was hoarse, had dyspnoea and coughing, which was always aggravated on lying down. In the night he was very restless, tossing about the bed, and now and then struggling hard for breath. On Monday morning, the family physician was sent for. An emetic was given, and after its operation the patient was easier for a time. About 4, P.M., the distress in breathing was worse, and continued about the same through the night. There were some paroxysms of hard coughing also. Tuesday, A.M., he seemed better, and the mother reports that he was always more comfortable till about the middle of the afternoon, when the symptoms generally were worse, continuing so through the night. At night, he was very distressed for breath, seizing his neck, turning purple red in the face, with almost clonic spasms of the arms. During Wednesday there was no improvement in the symptoms; during the night there were two very distressing paroxysms of suffocative coughing. Thursday and Friday, the croup symptoms had all increased; the voice was a hoarse whisper, the respiration more and more labored, and the cough dry and metallic. The patient had vomited daily two or three times, from the effect of medicine, since Monday. Nothing like membrane was seen. On Saturday, the disease was progressing faster; in the afternoon steam was used, the respiration then being very labored and at times noisy, and the choking

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paroxysms of coughing more severe and prolonged. I first saw the patient about midnight. He was then lying on his side, in a comatose condition, with his head thrown back, and the eyes rolled up, the face sheet-white, covered with cold perspiration, blueness about the lips, pulse very quick (160) and feeble, inspiration very labored, metallic and dry, not hurried, expiration less difficult, great prominence of the muscles of the front and side of neck, and deep depressions above the sternum and both clavicles, and along the epigastric region. No flapping nor bubbling râles could be heard. Percussion of both chests was generally resonant. The tongue had a thick white coat on its centre only. No membrane could be seen in the throat, nor were the tonsils or fauces even red. The main obstruction seemed to be in the larynx. There was no coughing till ether was given, and then only an attempt. In the struggling with ether a faint whisper was heard. Tracheotomy was instantly urged, and performed at about 12 $\frac{1}{2}$ o'clock.

When the trachea was opened, some bloody mucus was forced out, and then some pieces of membrane. In a few moments the cough subsided, and the tube was inserted and fastened. The respiration was almost instantly relieved, and became easy and with but little noise. He passed into a quiet sleep, as if perfectly exhausted. The sleep was as quiet as an infant's. The pulse soon came down to 140, and in half an hour from the operation was 120 and stronger.

The change was most marked from the labored, metallic, dry breathing, to the easy and almost inaudible respiration after the operation. The indications went to confirm the idea of the disease being then principally located in the larynx. The lungs were perfectly free. There was no symptom of membrane below the sternum.

Written directions were then given with regard to the temperature and steam of the room, the injection of a sol. nit. argent. and of tepid water, *p. r. n.* Dover's powder, gr. iij., at 2 and 6, A.M., or oftener, *p. r. n.* Iodid. potass., gr. i., every three hours, nourishment of wine and water, beef-tea or gruel, the cleaning of the inner tube whenever there was an obstruction, or at least every hour, and the lace cravat.

Nov. 13th (Sunday).—Had a good night, with some short naps. Raised many pieces of membrane through the tube. The tube was cleaned every hour. There were no paroxysms of very hard coughing. The sol. nit. argent. was used and also the tepid water, when the breathing was dry and squeaky and labored.

To-day, 9, A.M.—Appears comfortable. Countenance bright. Respiration easy, not quick and with but little noise. Pulse 106. Has some soreness externally over chest, probably from previous muscular effort. Through the day he continued about the same, expelling membrane and viscid mucus. Had a nap of three hours. The

urine was boiled and found decidedly albuminous, being milk-white and flaky. Was very bright in the afternoon, lying on his side and playing with money. Smiles and nods that he is comfortable. Tongue looks cleaner and moist. Not much thirst. Continue previous directions.

14th (Monday).—There was more of a cough the first part of yesterday evening. Raised but little. Respiration pretty quiet. Took a Dover's powder and slept calmly till 1, A.M., when there was a paroxysm of coughing and expectoration of membrane. Took another powder and slept most of the time till 6, A.M., and then had spells of long, hard coughing, with expulsion of membrane. There was also some retching.

At visit, 9, A.M., there was a cough, with a flapping sound, and he acted as if something was choking him. Both tubes were immediately taken out, and, while the patient was coughing, membrane was seen coming down from above into the opening of the trachea. A portion was seized by the dressing forceps and removed, being two inches long and half an inch wide; the part in the forceps was thin, the upper part thick and very firm, with streaks of blood upon it. A few drops of tepid water was then syringed into the trachea, followed by the expulsion of some small pieces of membrane and tenacious mucus. Another piece was heard flapping above the opening, and the tubes were kept out for a while. After ineffectual attempts to remove it, it was thought best not to weaken patient in efforts to detach it. He was much exhausted and in profuse perspiration. Some air evidently passed through the glottis, and with the coughing there was also some gagging. The tubes were replaced, and some wine and water given. Had a powder, and he soon became quiet and slept more or less of the time till 2, P.M. Took another powder at 3, P.M., and at visit at 6, P.M., he had passed a pretty comfortable afternoon. The pulse was not counted this morning, on account of his excited state. At 6, P.M., it was 102. The expectoration to-day has been in part yellowish.

15th (Tuesday).—Took two powders in the night, and rested pretty well. The cough was not very troublesome. This morning, both tubes were removed and a few drops of tepid water syringed into the trachea. The expectoration was very free, mostly thin and purulent; there was one piece of membrane. The pus did not look healthy. The nurse speaks of the offensive odor of the expectoration and the air from the tube. The tongue does not look so well, is pale white, swollen and furred in the centre, with patches of membrane along the left edge, seen for the first time. Nit. argent. was applied. There is some redness of the skin about the wound. The wound is dry and glassy.

5, P.M.—About the same throughout the day. Nourishment and the other directions to be continued.

16th (Wednesday).—Last evening, about 8 o'clock, had a long,

loose cough. The inner tube was removed, and portions of membrane were seen coming down from above through the opening of the outer tube. After continued efforts, an immense quantity of membrane came with great difficulty through the tube in large lumps. The cough continued for half an hour or more, and in that time an ounce bottle was two thirds full of soft, as if decomposed, very offensive, lumpy masses; some of it was in flat strips, with longitudinal furrows, but most of it was in masses, as if rolled up during expulsion. These masses were white, not yellow, looking like thick porridge or curd, and most of it evidently from above. There was some blood with a portion of it. After recovering from the fatigue, took some wine and water, and a powder. Slept from 9 till 2, A.M. The rest of the night there was less cough and expectoration.

This morning, the pulse is 104. The general substance of the tongue is flabby and pale, with a thick white coat in the centre, and white patches of membrane along the left edge. The redness has extended on each side of the wound, and looks erysipelatous. The neck is seldom moved, is stiff and painful. The wound is about the same. Nit. argent. applied. The respiration is easy and pretty quiet. There are still some flakes of albumen in the urine.

17th (Thursday).—The tongue is not so pale and flabby. The redness of the wound about the same, with some induration. Little motion of neck, though still painful. The discharge from the wound is thin and unhealthy. There are crusts along the edges. The cough is less to-day than last night. The respiration is quiet. The expectoration is now thin mucus and pus. The offensive odor has nearly gone. The tubes have been changed every hour. Nothing like an eruption has been seen. Both tubes were removed to-day.

18th (Friday).—Last evening and first part of night as before. Since midnight, has not been so well. The coughing has been frequent, long, and, at times, loose; the respiration hurried and now and then dry. General restlessness. Tepid water was tried with great relief. Expectoration free.

This morning, 9, A.M., does not appear well. Countenance is heavy and dull. Skin of face dirty and dingy-looking. Respiration more hurried than yesterday, though not attended with much labor. Cough frequent and loose. Bubbling râles, both large and small, heard throughout both lungs; some sibilant râles at the lower part. Percussion resonant. Expectoration free, thick, not purulent, but white like porridge, and offensive, with occasional spots of blood. Pulse 130. Skin soft, not hot nor dry. No flush on cheeks. No thirst. Tongue generally not so pale, not dry, its centre as before; along left edge there are two membranous patches, size of a three-cent piece, raised above the level of the tongue; another raised patch, one inch long, three quarters of an

inch wide, along right inferior edge, near the tip. There is no sign of membrane in the back part of the mouth, and there is a free mucous secretion.

The wound of the neck is very unhealthy, dry, crusty, with occasional thin yellow, watery discharge. Does not like to lie on his left side. No catch in the breathing, no pain on coughing; any pleuritic sound is masked by the noisy bubbling râles.

Nourishment is taken with much difficulty. Does not complain of soreness in swallowing. Redness, swelling and induration about wound somewhat lessened. Nit. argent. to wound, stimulants and nourishment as before. R. Doveri pulv., gr. iij.; ipecacuanhæ, gr. i., M., immediately, and repeat in two hours.

1, P.M.—Vomited freely after the first powder, and forced through the tube a large quantity of thick and thin yellowish white substance, stained with fresh blood. There was much relief afterward. The expectoration had the same porridge-look and offensive odor. Vomited also after second powder. The respiration was then more free, though still noisy and somewhat hurried. Expectoration free from the mouth and wound; that from the mouth is mostly mucus.

5, P.M.—Tongue much cleaner. Membrane near the tip of the tongue on the right side is separating; a portion can be easily raised up. Sol. nit. argent. used freely and always followed with relief. Pulse 120. Respiration and expectoration about as at 1 o'clock. R. Citrat. ferri et quinine, gr. i., three times daily.

Patient scratched, yesterday, the skin around a wart on his finger, and to-day there is a pustule as large as two peas about it; the elbow was hit slightly, and immediately the spot became inflamed and tender. This will show the state of his system.

19th (Saturday).—Took two powders last night, and slept pretty well.

To-day, 9, A.M., the general indications are more favorable. Is much more comfortable, and there is a brighter look to the eyes. Pulse 110. Tongue better, membrane still separating. Redness about the wound nearly gone; the lips of it are still dirty and crusty. The expectoration is less. The respiration is much more quiet and not hurried, the bubbling râles are nearly gone. Does not cough so much, and is more inclined to take nourishment.

5, P.M.—Has had a good day, and is somewhat cross. The membrane on right side of tongue, near the tip, came off this afternoon, leaving the surface of the tongue of a smooth healthy red color, without any appearance of ulceration; the membrane on the left side of the tongue remains the same. Pulse 102. There is no uneasiness to-day on lying on the left side.

20th (Sunday).—General appearances still more favorable, though during a part of the night there was restlessness, without cough or sleep. Pulse to-day, 102. Tongue about as yesterday evening. Cough less and loose. Expectoration thinner, yellow-

ish, not so offensive, and at times streaked with blood. Respiration not so quick nor noisy. Wound still unhealthy and covered with crusts. Asked for bread and milk.

21st (Monday).—Had a pretty good night. To-day, appears still brighter. Cough less; expectoration a thin purulent mucus. Pulse 102. Color of tongue improving; patches of membrane the same. Respiration improving. Wound still dry and crusty. Takes his nourishment pretty well.

22d (Tuesday).—Passed a good night, sleeping most of the time, with but little coughing or expectoration. To-day, for the first time since the operation, the wound is discharging pus. The crusts are all away. Took some whiskey last night; is sleepy now, probably from the effects of it. Membrane on tongue continues about the same. Appetite improving. Respiration easy and noiseless. Expectoration decidedly purulent.

23d (Wednesday).—Yesterday and last night, patient was very comfortable. Omitted the Dover's powder, and continued the whiskey. Slept quietly most of the time. Early this morning, had two paroxysms of coughing. Cough loose, expectoration purulent.

9, A.M.—Improving. Tongue cleaning, and of a healthier red color; the patches of membrane about gone. Pulse 100. Wound looking better. More disposed to have his playthings.

26th.—Improving. Cough and expectoration less. No membrane on tongue. Pulse 96—98. Appetite good. Wound healthy and contracting.

Dec. 1st.—Gaining in every respect.

9th.—Up and dressed, using his playthings. Continues to improve. Wound cicatrized.

The same general remarks of the previous case, subsequent to the operation, will apply here.

The first noticeable points in this case are, the great falling of the pulse from 160 to 120, *forty pulsations in half an hour*, the easy and almost inaudible respiration, and the presence of albumen in the urine; then, on Monday, the retching and choking, the withdrawal of both tubes, the removal with the forceps of membrane from the trachea above the wound; on Tuesday, the offensive odor of the breath and expectoration from the wound, the patches of membrane on the tongue, the unhealthy condition of the wound, the sudden expulsion in the evening, *during half of an hour*, of such an immense quantity, through the tube, of membrane of different degrees of consistency, from distinct, flat, firm and ribbed membrane to the softer and porridge-like masses with an offensive odor, and the immediate long and quiet sleep from 9 till 2, A.M.; on Wednesday, the stiff, painful and erysipelatous condition of the neck; on Thursday, the expectoration of *thin mucus and pus*, and *diminution of the offensive odor*; the great change after midnight, and the alarming condition on Friday, with another

patch of *membrane* on the *tongue*, the state of his system as indicated by the inflamed elbow and pus around the wart, and the re-appearance of the offensive, porridge masses. The persistence of the crusts on the wound and the absence of pus until Nov. 22d, the operation having been performed Nov. 12th, at midnight, should also be particularly remembered. The sudden change on Friday should be specially referred to. The attack commenced with general restlessness and frequent, long coughing, which, in every probability from what followed, was occasioned by the irritation of membrane generally and simultaneously detached in the bronchi of both lungs, and indicated by the noisy râles and expulsion through the wound of lumpy, offensive masses, similar in look and consistency to those expelled from the larynx and trachea, on Tuesday evening.

The vomiting materially aided the expulsion of the membrane, which continued over twenty-four hours, and from that time there was a manifest improvement of the patient's condition, as seen in the falling of the pulse from 130 to 102, the muco-purulent expectoration, with absence of the offensive odor, the easy and comparatively quiet respiration, and the return of a brighter and more healthful look of the countenance.

Extensive membrane deposit in the throat is not unfrequently attended with an offensive foetid odor, as the membrane decomposes and separates.

I know of no reported case of tracheotomy for membranous croup, where mention is made of this offensive odor of the breath and decomposed membrane coming from the tube for any length of time, and afterward followed by the recovery of the patient.

In Millard's thesis, Paris, 1858, Obs. XLI, p. 219, in a *post-mortem* examination, are found these lines:—

"Fausses membranes épaisses comblant la cavité du larynx, et se continuant dans la trachée; ce conduit, outre des débris pseudo-membraneux assez larges, contient une purée semiliquide d'odeur très fétide, d'une couleur gris jaunâtre très sale; cette matière se continue dans les branches même assez délicés, celles-ci renferment en outre çà et là, de très petits fragments de fausses membranes."

Genuine membrane upon the *tongue* is certainly of very rare occurrence in this locality.

It will be observed that albumen was found in the urine in this case, and not in the other.

A portion of the membrane raised from day to day through the tube, in both patients, was here shown.

The mother reports that the previous health of her son has not been good, and that he has been subject frequently to "*canker*" in the mouth, and a pustular eruption upon the hands.

PRACTICAL REMARKS ON PULMONARY CONSUMPTION, WITH
THE DETAILS OF A CASE SUCCESSFULLY TREATED.

[Communicated for the Boston Medical and Surgical Journal.]

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL,
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In the August number of this JOURNAL, 1858, reporting a case of anasarca and ascites, developed during the progress of a case of consumption, the fluid having been entirely removed through a few punctures in the feet and legs, with a lancet, I remarked that the particulars of so interesting and instructive a case deserved a more extended and special notice. That opinion was based on indisputable facts, the universal prevalence and mortality of consumption, the equally admitted want of success in the modes of treatment thus far had recourse to, in addition to which I place my firm belief in the power of certain medicines, conjoined with a properly regulated and duly observed dietetic and hygienic course of treatment, to control and overcome the specific effects of the various presumed causes of tuberculosis. In offering the following remarks, introductory to the case alluded to, it is proper to observe that it is not my desire to convey the idea that many cases of a similar character can be reasonably looked for. I do hope, however, that the fact of a recovery, under such adverse circumstances, may incite fellow-laborers in such a cause to still greater efforts, as regards the treatment of consumption, more especially in the incipient or forming, and second stages, thereby striving to arrest its further progress—the first step toward a cure—and possibly, or probably, prevent the passage into the third, an almost invariably fatal stage.

For satisfactory reasons, based on observations, I confess myself an advocate for the safety, propriety and necessity of treating consumption precisely as is generally the case in other diseases, by the adaptation of remedies to the existing symptoms; bearing in mind, however, the peculiar tendency to depression of the system, as a general attendant.

During almost five years that I have had charge of wards in the Charity Hospital of this city, there have been always under treatment many cases of consumption, presenting every stage and variety of the disease, recognized by physical signs as well as by the rational symptoms; and having devoted especial attention to the treatment, the most practically important part, and having closely watched the effects of those medicines which I considered appropriate to and demanded by the existing symptoms, my conclusions, "or facts, as I regard them," have been deduced from bedside observations in point of number by no means limited. Of the fact, I am certain, that during that time not a few cases of consumption in the second stage, well marked by physical and rational symptoms, have been restored to a fair state of health; that is, the symptoms, as cough, purulent expectoration, hæmor-

rhage, night sweats, and diarrhoea, have been removed, a marked increase of appetite and of flesh and strength has been gained, and the patients found themselves able to resume their ordinary avocations, suspending all treatment excepting the use of tonics. It not being my wish to present other than a statement of facts, I should state that many died—the larger proportion; but even in those where restoration was impossible, or not even hoped for, the fact is worthy of note, that all were benefited, not one inconvenienced by the exhibition of the various medicines. That the lives of many were prolonged, and that their condition was rendered more comfortable, were regarded as facts by the patients themselves.

In view of the partial and perfect curative results which have been manifested in consequence of the persistent use of a general tonic course of treatment, internally, the external application of different counter-irritants, and the use of medical inhalation, the practical conclusions arrived at have been, that not only is consumption a curable disease, but, to gain that point, it is indispensable that the means should be persistently and vigorously employed.

Acknowledging, to the fullest extent, the real indebtedness of our profession to the ever-present, and ever-acting power of Nature, to enable cures to be effected in all diseases, it is beyond dispute that the medical art is required to meet and overcome that tendency to the impairment of the general health, and the subsequent organic destruction, peculiar to many diseases, and in no one more positively marked than in consumption.

Another conclusion arrived at, was, that in no disease was medicinal, dietetic and hygienic aid more imperatively called for, more valuable, or, considering the constitutional and local affections, more frequently and more generally beneficial, even in cases presenting the most unfavorable symptoms. Is it not to be regarded as an admitted fact, that, in consumption, one of the most constant features, if not strictly characteristic of the disease, or rather of the premonitory signs, is a tendency to a marked depression of strength, a gradual wasting of the body, generally with, but not unfrequently without other symptoms. Is it not a fact, that not unfrequently, before the recognition of a single well-marked physical sign, many of the rational symptoms may have been in full force or highly suspicious? For all curative purposes, is not this the most important period in which to commence a rational course of treatment, more frequently hygienic than medicinal, although tonics are generally called for, and thus at an early period force the disease to become more manageable or curable?

In expressing the opinion that consumption should be more amenable to treatment, than is generally admitted to be the fact, it is proper to remark that I lay no claim to the knowledge, possession or employment of any agent in the form of a specific for

the treatment and cure of this disease, firmly believing that neither in it, nor in any other of a constitutional character, depending on numerous causes and manifested by a variety of symptoms, can there be discovered any one remedy that shall be capable of fulfilling all the indications that are known to occur, from the commencement to the end, be it favorable or the reverse. The sooner such an illusion is discarded from the minds of all, the sooner will brighter prospects be in store for those afflicted or threatened with consumption, and so much the more certain will be the downfall of false assertions as to the curative power of any one remedy to cure, *per se*, such a protean disease.

The medicines employed, which must necessarily vary to meet the different indications presented by the different stages, in conjunction with the acknowledged equal but not more important adjuvants, by the use of which not a few apparently hopeless cases have been restored to a fair state of health, are in the possession of the profession, nor can a valid reason be assigned why similar results should not be more frequently presented, provided similar means be resorted to, thus acting out the expressed belief of the possibility as well as power of curing the disease, and infusing into the minds of the sick that true degree of hope which will produce energy of action, too generally deficient. Informed as to the proper course to be pursued, consumptives must be impressed with the fact that, in the battle to be waged, persistent action on their part is absolutely demanded, or they can have no right or reason to look for a victory. That consumption is a curable disease, will be seriously questioned by few of the present day; and yet, when we seriously consider its insidious nature, its destructive effects—primarily constitutional, most probably in the blood, and subsequently local—as well as the indifference, or at times the total want of attention paid to the primary symptoms—real or apprehended—with many other causes too obvious to need specifying, it will not, it cannot be denied, that, as a necessary consequence, it must be almost impossible reasonably to look for a large number of cures.

[To be continued.]

REMOVAL OF A FOREIGN BODY FROM THE TRACHEA.

[Communicated for the Boston Medical and Surgical Journal.]

BY JOSEPH GARLAND, M.D., OF GLOUCESTER, MASS.

ON Friday, P.M., November 18th, I was called to a child of Mr. Noah W. McKinny, of this place. Upon arriving, I was told that the child, a boy about 4 years of age, while amusing himself with a few kernels of Indian corn, on the Tuesday previous, was suddenly seized with a violent fit of strangling, which, after a moment, yielded a little, but was immediately followed by a constant, convulsive cough, lasting a full half hour, then subsiding into an

occasional hack, accompanied by hoarseness of voice and shortness of breath—that these symptoms had continued three days, with little variation, but an aggravation of them all that morning, fever added, had occasioned anxiety—hence my summons.

I was now, of course, prepared to examine my patient, the path of diagnosis already open. The child was sitting bolstered in a rocking-chair; respiration hurried; surface hot; tongue coated; cough hoarse and croupy; expectoration viscid and tinged with blood. Physical signs—complete absence of respiratory murmur over lower two thirds right chest; it was heard feebly over upper third; and was very loud on left chest. Decided dulness over and just below third rib, right side, about two inches from sternum; resonance below that point, and over whole back, right side, nearly normal. Left chest normal, no crepitation distinctly heard.

The history and symptoms seemed to fix the diagnosis of the case. The usual remedies for combating inflammation of the bronchi and lungs were prescribed, and the result patiently awaited, which, it was stated to the parents, would most probably be *death*, either from extended inflammation and lesion of the lung, or from suffocation occasioned by dislodgment and expulsion of the foreign body into the larynx; or *possibly* recovery, from partial decomposition of the foreign body and its final expectoration from the air-passages.

Saturday, Nov. 19th.—Patient much the same; rather less fever. Did not visit him on Sunday.

Morning morning, Nov. 21, 7½ o'clock, was summoned in great haste; found patient in his mother's arms, breathing with the utmost difficulty; face swollen and livid; a frequent, smothering cough, momentarily threatening dissolution. Placing my fingers upon larynx and upper part of trachea, I distinctly felt an apparently hard substance within, moving slightly, but with force, during each effort at respiration. Upon inquiry, I learned he had a comfortable day on Sunday; rested tolerably during the night till 2¼ o'clock; was then seized with violent paroxysms of coughing, lasting about one hour; slept again till about 6½ o'clock, when, the cough recurring with greater severity than ever, accompanied with symptoms of suffocation, a messenger was despatched for me.

The case now demanded something to be done. Tracheotomy was proposed to the parents as the only means of saving the child. Dr. Davidson was called, and also urged the expediency of the operation. The consent of parents gained, there was now no time for delay. The child was placed upon a bed, his back supported by pillows, head drawn a little backward, and held by an assistant. His struggles were now so great, it was deemed advisable, in order to facilitate the operation, to administer chloroform. Scarcely had the vapor come in contact with his nose when a slight convulsive cough occurred, then a gasp or two, and all was quiet—

the glottis was effectually closed. A chance was yet offered. I embraced it, and, assisted by Dr. Davidson, dissected as rapidly as possible with care, down upon the trachea, delayed by no bleeding of account, opened it, inserted a silver catheter—the only suitable instrument at hand—and commenced artificial respiration by breathing through the catheter, and compressing the ribs, alternately; this repeated a few times, to our great satisfaction a faint gasp was seen. In a few moments more, the mechanical means still continued, another followed, and soon a feeble respiration by the patient was going on through the catheter. Sensibility had now returned to the trachea, and a violent fit of coughing threw blood and masses of tough phlegm through catheter and through trachea by its side. The child now opened his eyes, and made *signs* of crying, ineffectual as to *sound*. A free opening into the trachea now existing, and the bleeding, which had scarcely required the sponge, having ceased, the catheter, difficult to be retained in position except by the hand, besides being exposed to frequent attacks from the child, was withdrawn. Watching the result a few minutes, and finding the respiration going on equally as well, and the expectoration free through the opening, it was not returned.

So much relief having been secured to the child already, it was not deemed advisable to disturb him further at that time, for the removal of the foreign body, hoping, as strength returned, some effort of his at coughing might possibly dislodge and eject it from the opening. Our chief reason, however, for delay, was that the patient might rally, and be in better condition for what might prove a tedious process. Necessary directions having been given for the management of the aperture, I took my leave, designing to return in two or three hours for the further operation—the clearing of the larynx. It was evening before my return. I then found the patient quite bright; respiration going on satisfactorily through the artificial channel; considerable cough; free expectoration through the opening. On closing the incision, symptoms of suffocation immediately ensued; the child, in desperation, tore my hands from their hold. No cause for immediate interference being indicated, directions were given for the night:—a gentle opiate was to be administered; gum water and thin gruels for drink; the opening to be kept clear by gentle sponging, and strict injunction given to watch for and examine any substance thrown from the opening during a paroxysm of cough; and, if any material obstruction to the passage of air through it should occur, to inform me immediately.

Tuesday morning, Nov. 22, one week from occurrence of accident, day after operation, in company with Dr. D., saw the patient again. Finding the obstruction still remaining in the larynx, we proceeded to remove it. A stiff probe was carried up the trachea, through the incision, and slightly rotated in the larynx, with the intention of giving the substance a start, and thereby bringing it

down to the opening; failing in this, the forefinger was carried down upon the tongue, the tongue depressed, the epiglottis pressed back, and a probe passed through the glottis with the design of starting the body down from the larynx; this, after repetition, proving ineffectual, a pair of forceps, slightly curved and of good length, were passed up the trachea through the opening, in hope of seizing the foreign body. Not succeeding, they were thrust up into the larynx with as much force as could be ventured, when, upon withdrawing them, the child gave a half convulsive cough, and out flew the foreign body from the mouth, striking with considerable force upon a door some three feet distant. It proved to be a kernel of Indian corn, swollen almost to bursting. Its dimensions were as follows: longest diameter, $\frac{9}{10}$ of an inch; shortest diameter, $\frac{7}{10}$ of an inch; circumference in direction of longest diameter, $1\frac{1}{10}$ inches; direction of shortest diameter, $1\frac{1}{10}$ inches.

For a few days the patient suffered considerably from the effects of inflammation preceding the operation, and, though the respiration was tolerably free through the glottis while he was at rest, immediately after the removal of the corn, it was fifteen days before the hoarseness and cough gave way, or the mucous matters could be safely discharged through it. No accident occurred to retard the progress of recovery, and, on the 16th inst., just twenty-five days after the operation, the incision was completely cicatrized.

December 20, 1859.

TALIPES EQUINUS, FROM INJURY OF THE CALF OF THE LEG.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following case has nothing peculiar, either in the treatment or the success with which it was followed, but I think it may be interesting to your readers, from the singularity of its origin.

The subject of the deformity was a young man, 18 years of age. When a boy of 11 years, he was sent on an errand to a mill or factory. In looking about the machinery, he attempted to step over a shaft, which was turning very rapidly, and as there were some projecting bolts, near its coupling, his pantaloons were caught by them, and he was whirled round and round with the shaft, until the mill was stopped; when it was found that a great portion of the gastrocnemii muscles of the left leg had been torn off, and the bone laid bare for some inches. The father of the young man represented the part abraded or torn away as being as thick and as large as his hand.

The surgeons brought together the jagged fragments as well as they could, by stitches and adhesive plaster, but during the process of cicatrization the foot was not kept flexed, and the heel

was drawn up, so as to make almost a continuous line with the tibia and fibula. The heel stood five inches from the ground, when I first saw it, and he walked entirely on his toes and the anterior ends of the metatarsal bones, which he had done from the time of the accident, being now seven years.

I operated on the foot the 8th of September, 1859, and in three weeks it had acquired its normal position, as seen in Fig. 2, with a free and complete use of the ankle-joint, and all the functions of the foot restored. When brought to me, the foot was as represented in Fig. 1. Although the foot in this case had regained its natural and relative position in three weeks, the young man did not return home until about six weeks from the time he came, as it was thought best to continue the application of the apparatus for that length of time.

FIG. 1.



FIG. 2.



It is now about eight weeks since he left this city, and he writes me that he walks and runs with perfect ease, and also skates. The leg exhibits a singular state of the *gastrocnemii* in walking. The different portions of these muscles which are left, seemingly act distinctly, but synchronously. There is a fasciculus of fibres on the inside of the leg, which remains entire from its origin to its insertion; then there is the *tendo-Achillis*, with a portion of muscle below the cicatrix, and there is another portion above, which has its natural origin, but no insertion, except an adhesion to the cicatrix and bone underneath. These separate portions of the original muscle all act in concert, and simultaneously, in walking.

Boston, Dec. 22, 1859.

JOHN B. BROWN, M.D.

Amputation of Limbs affected with Elephantiasis Arabum.—

M. Mazaé Azéma, who practises at the Isle of Bourbon, advocates the removal of limbs affected with the above disease, and gives several successful cases. The author contends that such amputations "are not more perilous than those undertaken for other affections; that metastasis is not so certain as has been thought; and that the amputation may be performed immediately above the swollen parts and in tissues considerably infiltrated."

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, DECEMBER 29, 1859.

"STAMMERING: THE CAUSE AND CURE."—We intimated in our last issue an intention to notice the above subject as treated of in a pamphlet by Rev. W. W. Cazalet, A.M., Cantab. First, let us briefly state Mr. Cazalet's views. The reverend gentleman seems, very properly, to have devoted no little attention to elocution, and he has published a work entitled "On the Right Management of the Voice," which we have not seen, but which we have heard encomiums upon, such as justify us in the opinion that clergymen and others who read and speak habitually in public, would derive great benefit from its directions.

The little book on "Stammering" has already attained a second edition; and in the compass of less than forty pages, contains advice of sterling value. The author seems to think that the infirmity treated of is "quite out of the pale of medicine; strictly speaking, medical science has nothing to do with it." We are willing to allow that the professed elocutionist is perhaps the fittest person to deal with this and other defects of speech; but we think the same a very proper field for the efforts of the medical practitioner. Unfortunately, Mr. Cazalet is only too correct in saying that, "if the sufferer applies to the medical profession, he will find the subject little thought of and imperfectly understood." This, at all events, is true in the main, although we are cognizant of some medical men who have made enlightened efforts, and successfully, too, for the removal of this very annoying and disqualifying defect.

We think, moreover, that the author of the pamphlet is right in condemning the surgical "mutilations" which have been practiced in the blind attempt to remedy stammering; and we should not endorse, any more than he does, that "wholesale excision of some of the most important organs of speech, which in no one instance has been found permanently successful." Yet we feel bound to throw in a slight reservation, and to say that in *certain cases*, the aid of the surgeon, judiciously rendered, may be, and doubtless frequently has been, demanded.

Mr. Cazalet remarks upon the rarity of congenital stammering, and upon the non-dependence of the infirmity upon malformation of the vocal organs. Illness, in early life, he accounts the general cause, and mentions measles, scarlet fever and other infantile complaints as causative, especially when characterized by severity. Teething, he also refers to as a "prominent" cause. In all of these affections, when stammering can be traced to their influence, the nervous system has undoubtedly received a great shock. Mr. Cazalet does not allude so pointedly as we should think he might have done, to the effect of *habit* in confirming the stammerer in his ways; nor to the power of sympathy and imitative impulse, which we think must be great with those of delicate and susceptible nervous organization, who are much with those affected with the difficulty.

We will give, in a very few words, the author's prominent views relative to the cause and cure of stammering:

"The organs of speech may be divided into two parts, viz., those of sound and those of articulation, the lungs forming the motive power in the production of sound, upon which, when produced, articulation acts. In the case of a person speaking properly, these elements of speech ought to meet at a certain point—the rima or the opening in the larynx—and there combine to form articulate sound or speech. This is the natural action and condition of speaking. In stammering, the breath is stopped in its passage from the lungs by the forced efforts made to articulate; no sound can, therefore, be produced, every effort tending more and more to prevent the emission of sound, and speech is thus held in suspense. The difficulty increases with the exertion made: for, as during these convulsions, no sound can be produced, there is nothing for the articulation to act upon; and it is only when partial exhaustion takes place, and the articulating efforts relax, that the unhappy sufferer is at length enabled to speak. Having thus forced the organs into speech, in the anxiety to continue speaking as long as the power lasts, the lungs become exhausted of air, thus producing a collapse. In this state, the mere action of inhalation, during which the stammerer generally endeavors to articulate, is the proximate cause of succeeding spasmodic efforts. The efforts thus made are often attended with pain and prostration, and the stammerer finding so much difficulty in utterance, at length subsides as much as he can into silence, denying himself, almost from necessity, the pleasure of social intercourse. The mind soon feels the painful position, and assimilates itself with the halting external sense; the habit of arranging the ideas for conversation becomes, in a great measure, lost, and this reacting upon the defective utterance increases its intensity. Here, then, is the cause—the root of the evil. All stammering is produced by the efforts made to articulate, these very efforts preventing the emission of breath, and consequently the production of sound. Whatever varieties of defect may be met with, they are all modifications of this one original cause. Even when there is a frequent repetition of a word or a syllable, it is only that, during the spasms, a portion of breath escapes violently, and being made sound, is then acted upon by the articulating organs. The whole defect of stammering may thus be resolved into a simple expression—the want of due equilibrium between vocalization and articulation."

The cause being single, the method of cure is directed to a single point, viz.: "to regulate the action of all the parts put in motion for the formation of speech, in order to produce a due equilibrium between articulation and vocalization." The author introduces a somewhat lengthy quotation from his work on the "Management of the Voice," already mentioned, for which we have not space here. Suffice it, for the present, to say, that his main point is to *attack the sound*, as he terms it. Perhaps his views will not be fully made clear unless more of his own observations are extracted. This we may be able to do at another time. For the present, we cite only a few more sentences.

"The sound should be attacked directly from the articulating organs, without any intervention. As a guide for the ear, it may be laid down as a rule that whenever the breath is heard, force is used. The articulation ought to act immediately and naturally, with only just the amount of power sufficient for the sound, taking care to observe the modifications of pressure for the different consonants. In attacking a vowel, it may sometimes be of assistance to suppose an imaginary line of attack directly on the rima from the open lips along the centre of the mouth backward. When the attack is properly made, the result is invariably a clear, sonorous quality of tone, which possesses great power of vibration. This gives the first indication of the relief that will be experienced from ceasing those painful efforts which are generally resorted to by stammerers in order to articulate. The method of attacking the sound from the articulating organs directly back upon the rima, forms the basis of a proper system of treatment, and should always be the principal point attended to.

"The next point is the management of the breath. Stammerers rarely fill the lungs to a sufficient extent. Indeed, when articulation is at the same time at-

tempted, the act of inspiration is generally spasmodic; and after speech has, with effort, been produced, the lungs are soon exhausted of air and brought into a state of collapse. The necessary act of inhalation in this state, attended, as it usually is, by the simultaneous attempt to speak, produces a spasmodic fit, and prevents the formation of speech."

When spasm has once begun, let all attempts to speak be suspended, is the author's advice. Next, he refers to the pitch of the voice as his "third point" for attention. Stammerers generally speak in "a lower tone than is natural." This is a defect, *per se*. The above are the three principal points for effort to be expended upon. *Reading* is with Mr. O. the primary remedial means. Articulation must be slow and distinct, and great attention be paid to "minute points in speaking." Let the stammerer, says our author, "by all means, avoid the endeavor to articulate during inhalation." This is the chief cause of the convulsive efforts remarked in sufferers. "Articulation and vocalization must be simultaneous." The stammerer should daily practise at making full and unrestrained respiration; the habit of partially retaining the breath, by a muscular effort, being one very common with him, and powerfully confirmatory of the habit.

We propose to recur to this very interesting and important topic again shortly, and to present a brief account of a method which we lately saw put into immediate and efficient action by a London surgeon. The method, although not absolutely new, is certainly always worthy of trial, and the experiment was so satisfactory and interesting to us that we trust an opportunity may be soon afforded of again practically testing its power. It seems to us to open a way to relieve and even cure many, if not all cases of stammering, if the means be judiciously, correctly, and perseveringly employed.

VISITING LISTS.—We presume there are very few physicians, in practice, at the present day, who do not avail themselves of that great modern convenience for doctors, a Visiting List. Should any of our readers be so far behind the age as not to use it, we beg them to make trial of one, and we will answer for it, they will never afterward be without it. The only wonder is how active practitioners contrived to do without it so long, for its invention, or at least its general employment is of recent date. There are several of these convenient helps in the market, and each has its advantages. We have seen one, however, which seems to combine more advantages than any other, and which we therefore venture to recommend to those who have not already supplied themselves for the coming year. This is called *The Physician's Pocket Day Book, Visiting List, Diary, and Book of Engagements for 1860*, published by JOSEPH SABIN, 27 South Sixth St., above Chestnut. The usual arrangement of a column for patients' names, and one for each day of the week, is on the left hand page, while the opposite page is divided by horizontal lines into seven spaces, one for each day, to be used for such memoranda as cannot be contained in the little square usually allotted for recording the visits to be made, and made. A separate edition is published to carry double the number of patients, the list for the week occupying both pages, the two next pages being devoted to the memoranda, and so on. We think this arrangement will be found extremely useful, as affording an opportunity of recording many particulars which the other lists cannot contain, at least in so convenient a form. There are also

pages for recording engagements, liabilities, &c., current account with banker, index to visiting list, &c., besides the usual amount of information which these books generally contain.

MEANS OF PREVENTING THE PITTING OF SMALLPOX.—The well-known fact that the violence of the disease, in smallpox, is usually in proportion to the number of pustules, especially on the face, has led to the attempt to prevent their development by means of external applications. For this purpose, various substances which protect the skin from contact with the air have been tried, with greater or less success, such as lard, collodion and oil, or caustic solutions, especially of the nitrate of silver, and finally mercurial ointment. A writer in the *Union Médicale*, Dr. Anselmier, after examining in detail these substances, gives the preference to the last named, as being the most convenient and the most efficacious. He thinks that it has a twofold action, not only protecting the skin from the action of the air, but in consequence of its absorption, modifying the condition of the blood. Since the ointment, in its usual condition, is so soft that it is apt to penetrate between the eyelids, and irritate the conjunctiva, and also to be rubbed off by contact of the skin with the bedclothes, he combines with it a sufficient proportion of lead plaster to give it a certain consistence. This combination becomes soft, but does not liquefy, at the temperature of the skin of the face. A thin layer is to be spread over the face, neck, shoulders, arms and hands, for about a fortnight, and the effect, according to Dr. Anselmier, is to render the eruption discrete, and to prevent the papules from terminating in suppuration, in those parts to which it is applied. In case salivation should supervene, astringent gargles, with chlorate of potash, must be employed; and in such cases it is certain that there will be no eruption on the mucous membrane of the mouth.

REV. DR. GANNETT'S SERMON AFTER THE DEATH OF DR. PERRY.—We have been extremely gratified by the perusal of a sermon lately delivered by the Rev. Dr. Gannett, and whose theme is "The Physician." This discourse was given after the death of the late Dr. Perry, and of course referred especially to him. The delicate, yet full and just tribute to his qualities and worth which is embodied in this production, does infinite credit to the writer, and will be cherished gratefully by the numerous friends of the deceased. When Dr. Gannett says of his departed friend, that, "taken though he was in the midst of his years, he lived long enough to build up a worthy and beautiful character, to achieve a noble reputation, to leave a cherished name, and to instruct us by an example that will not fade out of their remembrance whose grief at his loss was shown by such a signal manifestation on the day when the last offices were paid to his lifeless body"—he has said all, it seems to us, that even the deepest affection could demand. And to the truth of his eulogy, none, we believe, will demur.

Before taking leave of the subject, we wish to express our grateful acknowledgments to the reverend author for his kind and noble testimony to the worth of the medical profession in general, and to the high standard and excellence of attainment recognized by him amongst its members in this city. It is not so frequent a thing for the profession to receive such heartfelt commendation at the hands of the clergy, that we can afford to pass by this marked instance without comment.

For ourselves we must say that we do not remember a more gratifying and at the same time a more deserved compliment. A few sentences from the sermon itself, will justify our opinion, both with professional and unprofessional readers.

"In all ages the physician has been honored. Men have felt their need of him, and been willing to avail themselves of his services. Among savage people, his office has been accounted sacred; and, through the long history of civilization, he has been recognized as filling an important position in society. From the time of Hippocrates to our own day, the practice of the healing art has been regarded as a noble and beneficent pursuit. . . . Happy the people and the age blessed with upright and skilful men in this department of usefulness! . . .

"The members of the medical profession are, as a class, the most loved, honored, and trusted men in the country; necessarily so, justly so." . . .

"Our first remark is suggested by a characteristic of the medical profession in this city, by which it is honorably distinguished in comparison with other professional service, and in regard to which it will not suffer if compared with the same occupation in any other part of the world. I mean the enthusiasm with which both the study and the practice of the therapeutic art are pursued; an enthusiasm which includes two elements—a high appreciation of the art, and a diligent acquisition of the knowledge which it demands."

IMMEDIATE CURE FOR "IN-GROWING NAIL."—*Messrs. Editors*,—Dr. Lorinser's article on this troublesome affection, translated for the *Journal*, and published Dec. 15th, reminds me to do what I have many times been on the point of doing, and that is, to communicate a mode of treatment which I have pursued in these cases for over twenty years. It is simply to canterize the part with hot tallow.

The patient on whom I first tried this plan, was a young lady who had been unable to put on a shoe for several months, and decidedly the worst case that I have ever seen. The disease had been of long standing. The edge of the nail was deeply undermined, the granulations formed a high ridge, partly covered with skin, and pus constantly oozed from the root of the nail. The whole toe was swollen and extremely tender and painful. My mode of proceeding was this:—I put a very small piece of tallow in a spoon, and heated it over a lamp till it became very hot, and dropped two or three drops between the nail and the granulations. The effect was almost magical. Pain and tenderness were at once relieved, and in a few days the granulations were all gone, the diseased parts dry and destitute of feeling, and the edge of the nail exposed so as to admit of being pared away without any inconvenience. The cure was complete, and the trouble never returned.

I have tried this plan repeatedly since, with the same satisfactory results. The operation causes but little if any pain, if the tallow is properly heated. A repetition might in some cases be necessary, although I have never met with a case that did not yield to one application. Admitting the theory of Dr. Lorinser to be correct, the *modus operandi* is very plainly to be seen. The liquid cautery insinuates itself into every interstice, under the nail, along the fistula into the ulcer at the matrix of the nail, accomplishing in one minute, without pain, all that can be effected by the painful application of nitrate of silver for several weeks. Let this simple plan be tried before resorting to the barbarous plan of pulling out the nail, or any other mode of torture that has been invented.

Hatfield, Dec. 22d, 1859.

N. GILMAN, M.D.

SMALLPOX IN BOSTON—REVACCINATION.—Our City Physician, Dr. H. G. Clark, has published in the papers an official notice respecting the prevalence of smallpox in the city, and suggesting the proper preventive of its further extension. He says:—

"Revaccination should be practised by all persons on whom it has not been tried; both as a test of the first, and as a preventive of varioloid, especially in those who are directly exposed to any case of smallpox or varioloid."

After stating his own full confidence in the protective power of the vaccine matter now in use, he thus closes:

"Having, therefore, full confidence in the purity and the power of the vaccine material at present in use, I am of the opinion that this epidemic may be promptly terminated, if the inhabitants of the city and its vicinity will only avail themselves of the certain means which are easily accessible to all of them."

MASSACHUSETTS MEDICAL COLLEGE.—From the printed Catalogue of Medical Students in attendance on the present winter course of lectures in Boston, we learn that the number is 190—being the largest class ever assembled in this city.

HEALTH OF THE CITY.—The chief fatal diseases of the past week were consumption, by which there were 14 deaths—pneumonia (8), smallpox (9), and scarlatina (6). Of the 78 deaths, 38 were of males and 40 of females; 23 were of subjects under 5 years of age, 6 between 5 and 20, 23 between 20 and 40, 14 between 40 and 60, and 12 over 60. The deaths from consumption included 9 males, between the ages of 17 and 60, and 5 females, between the ages of 32 and 69. Of the victims to smallpox, 8 were males, all of whom were adults but one, and one female, a child of 2 years. One male, aged 92, and 2 females, aged 86 and 79, died of "old age." The deaths from scarlatina were all of females, from one month to 9 years. Of the 78 deaths, the causes were returned by physicians in but 20 cases. The total number of deaths for the corresponding week of 1858, was 63, of which 18 were from consumption, 5 from pneumonia, 0 from smallpox, 2 from scarlatina, 1 from cancer, 2 from casualties, and 0 from old age.

FIRE-PROOF FABRICS FOR LADIES' DRESSES.—At the close of an article in the *London Lancet*, detailing various experiments recently made with cloths in which certain salts are incorporated for the purpose of rendering them non-inflammable, the following hopeful announcement is made:—

"It is only due to Mr. Wakley to state, that during a period of nearly twenty years he has been endeavoring to discover and bring into use some article which might prevent accidents from the burning of clothes; and within the last two years, at his request, Mr. Lloyd Bullock, practical chemist, has been engaged on the same subject and with a similar object. We believe that Mr. Bullock's labors have nearly reached the desired point, and that we shall have the pleasure of announcing the happy result within a brief period."

If our correspondent at St. Albans, Vt., will turn to the number of the *JOURNAL* for September 221, he will find some comments by the editors on the subject of the Maine Legislature Resolve in favor of the Maine Medical School.

Books and Pamphlets Received.—Elements of Medical Jurisprudence, by Theodoric Romeyn Beck, M.D., LL.D., and John B. Beck, M.D. Eleventh Edition, by C. H. Gilman, M.D. (From the Publishers.) First and Second Registration Reports of the State of Vermont.

DIED.—At Montague, 9th inst., Dr. Joel Shepard, 95.

Deaths in Boston for the week ending Saturday noon, December 24th, 78. Males, 38—Females, 40.—Accidents, 2—apoplexy, 2—inflammation of the bowels, 2—softening of the brain, 1—inflammation of the bladder, 1—cancer, 2—consumption, 14—convulsions, 1—cyanosis, 1—dropsy, 2—drowned, 1—debility, 3—puerperal disease, 2—scarlet fever, 6—typhoid fever, 1—disease of the heart, 2—inflammation of the lungs, 2—marasmus, 2—old age, 3—pleurisy, 1—scrofula, 2—smallpox, 9—teething, 1—unknown, 7—whooping cough, 1—worms, 1.

Under 5 years, 23—between 5 and 20 years, 6—between 20 and 40 years, 22—between 40 and 60 years, 14—above 60 years, 12. Born in the United States, 31—Ireland, 38—other places, 2.